

**PROGRAM: AUXILIARY EMERGENCY FUND**

Unit Annual Narrative Report 2018-2019

Department of Wisconsin

Unit Number and Name \_\_\_\_\_ District \_\_\_\_\_

Unit City \_\_\_\_\_ Unit President's Name \_\_\_\_\_

Complete Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

1. Does your unit promote the Auxiliary Emergency Fund at meetings and events?  Yes  No
2. How much did your unit donate to the Auxiliary Emergency Fund? \$ \_\_\_\_\_
3. Were there any applications for help from your Unit?  Yes  No
4. Describe your Unit's fundraising ideas for this program:

**Please list any Auxiliary Emergency Fund activities, events and projects your Unit was involved in**  
(continue on the back or add a separate piece of paper if necessary).

**Please Complete and Return by MAY 1, 2019 to:**

American Legion Auxiliary, Dept of Wisconsin  
PO Box 140, Portage, WI 53901-0140